

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Jefferson
 Township Merrimac
 City St. Louis

Registration District No. 475
 Primary Registration District No. 5580

File No. 1033494
 Registered No. 28
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____
 (Usual place of abode)

St. _____ Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lena Rose
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 26-1878
 7. AGE YEARS 59 MONTHS 8 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

13. NAME Henry Rose

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

15. MAIDEN NAME Mary Duberling

16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

17. INFORMANT Leroy W. Wexler (ADDRESS) St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Local Cemetery DATE 10/10/33

19. UNDERTAKER John P. St. Louis (ADDRESS) St. Louis, Mo.

20. FILED 17 33 James A. Townsley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 7, 1933

22. I HEREBY CERTIFY That I attended deceased from _____ to _____, 19____.

I last saw him alive on _____, 19____. I am inclined to have occurred on the date stated above, at _____.

The principal cause of death and related causes of importance were as follows:

Suicide by hanging and
23 cal rifle in right
temple to under parietal bone
on left side, in woods
1/4 mile from closet dwelling

Other contributory causes of importance: _____

165
107/103

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Suicide Date of injury 10/7/33

Where did injury occur? 1 1/2 mi. n.e. of High Ridge (Specify city or town, county, and State).

Specify whether injury occurred in industry, in home, or in public place. in woods

Manner of injury Hanging and gunshot

Nature of injury bullet through brain

24. Was disease or injury in any way related to occupation or disease? No

If so, specify _____

(Signed) A. L. Hilbert

(Address) High Ridge, Mo.

